LIBRARY SERVICES & TECHNOLOGY ACT
FY 2000-2001 – APPLICATION FORM

Organization_____

Mailing Address_____
If this is a collaborative project with more than one library, please list the names of participants and their libraries on a separate sheet of paper.

Project Title_____

Organization Director _____

Phone _____   FAX _____Email_____

Project Director's Name (if different from above)_____

Phone _____   FAX _____   Email_____

Check Applicable Grant Category

For Public Libraries Only		
BASIC TECHNOLOGY	Automation Grant_____	
ENHANCED INTEGRATED SYSTEM	Planning Grant_____	Technology Grant _____
ENHANCED INTERNET CONNECTIVITY	Planning Grant_____	Technology Grant _____
For All Libraries		
COMMUNITY ELECTRONIC NETWORK	Planning Grant_____	Technology Grant _____
PARTNERSHIPS & COOPERATIVE PROJECTS	Planning Grant_____	Implementation Grant _____
IMPROVED ACCESS TO LIBRARY SERVICES	Planning Grant_____	Technology Grant _____ · Customized Service Grant _____

Check Funding Category

_____Mini Grant (to $7,500)   No Match Required
_____Regular ($7,5010$74,999)   _____Match (25%)
_____ Major ($75,000 and over)   _____Match (35%)

AMOUNT REQUESTED FOR THE TOTAL PROJECT:
Federal LSTA $_____
Match (if required)   _____   **% _____**
Total $_____

Mini and Regular grant applications (12 copies for Mini Grants/25 copies for Regular Grant applications) must be postmarked by Wednesday, January 31 , 2001, or received by 5:00 p.m. Friday, February 2, 2001, at the Utah State Library Division, 250 North 1950 West, Suite A, Salt Lake City, UT 84116-7901. **FAXED applications will not be accepted**. Return applications and direct questions to Jane E. Smith, Grants Coordinator (801-715-6742 or 1-800-662-9150) or email to jsmith@state.lib.ut.us.

I. SUMMARY

PROJECT TITLE:
_____

PROJECT DATES:
_____
Summary of Project in 150 words or less:

II. PROJECT DESCRIPTION
Please address the following in your project narrative. For required elements to be included and suggestion on how to write your responses, see the *Handbook*, Section 5 (D). "Suggestions for Application's Project Narrative.

A. NEEDS STATEMENT

B. PROJECT GOALS AND OBJECTIVES

C. PROGRAM / METHODS STATEMENT

D. PROJECT TIMETABLE

E. EVALUATION STATEMENT

F. COMMUNITY SUPPORT STATEMENT

G. FUTURE FUNDING STATEMENT

III. PROPOSED PROJECT BUDGET

Please provide information where applicable and divide your proposed budget into the following categories. Be specific of items for expenditure of funds. (Revisions are possible and require submitting formal paperwork and State Library Division approval. If a revision is necessary, remember that your application for LSTA funds was successful because of the needs identified in this application and proposed budget. Revisions require an indication of why the change is desired, why other funds can't be used, and specific amounts.)

Category	LSTA Funds	Local Gov't	Other*	Total Funds
A. PERSONNEL EXPENSES:				
Salaries and Wages	_____	_____	_____	_____
Employee Benefits	_____	_____	_____	_____
SUBTOTAL:	_____	_____	_____	_____
B. OPERATING EXPENSES:	_____	_____	_____	_____
Travel	_____	_____	_____	_____
Training	_____	_____	_____	_____
Materials/Supplies	_____	_____	_____	_____
Contracted Services	_____	_____	_____	_____
Other	_____	_____	_____	_____
SUBTOTAL:	_____	_____	_____	_____
C. EQUIPMENT & CAPITAL OUTLAY EXPENSES:	_____	_____	_____	_____
Computer Hardware:	_____	_____	_____	_____
Computer Software:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
SUBTOTAL:	_____	_____	_____	_____
D. OTHER (Specify below)	_____	_____	_____	_____
	_____	_____	_____	_____
SUBTOTAL:	_____	_____	_____	_____
TOTALS:	_____	_____	_____	_____

*Sources of funds in this category include donations, Friends fund raising, private sector grants. Do not include "in kind" donations. (See *Handbook* for general information and guidelines.)

IV. DETAILS: PROPOSED PROJECT BUDGET DESCRIPTION

A. PERSONNEL EXPENSES:

B. OPERATING EXPENSES:

C. EQUIPMENT/CAPITAL OUTLAY:

D. OTHER EXPENSES: (Please specify)

V. SIGNATURES

The organization/library accepting the fiscal and administrative responsibility for this LSTA grant project should sign first. Please add additional signature lines for the other directors, board chairs, local government or institutional representatives involved in the project.

We hereby certify that all matching funds shown in this application are available for use in this project.

_____
Organization/Library Director

_____
Title

_____
Date

_____
Board Chair   (Public Libraries only)

_____
Date

_____
**Local Government or
Institutional Representative**

_____
Title

_____
Date

_____
**Project Director
(if other than Library Director)**

_____
Title

_____
Date